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Bib Data Sheet

CONFIRMATION NO. 1197

|   |   |                                    |   |  |                                |
|---|---|------------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/050,034  | <b>FILING DATE</b><br>01/17/2002<br><b>RULE</b>   | <b>CLASS</b><br>455                | <b>GROUP ART UNIT</b><br>2681   | <b>ATTORNEY DOCKET NO.</b><br>449122020600 |                                |
| <b>APPLICANTS</b><br>Jan Simal, Laame, BELGIUM;<br><b>** CONTINUING DATA *****</b><br>NONE <i>or</i><br><b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 10102724.9 01/22/2001<br>YES, <i>or</i><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 02/14/2002  |   |                                    |   |  |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance <i>or</i><br>Verified and Acknowledged <i>or</i><br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>BELGIUM | <b>SHEETS DRAWING</b><br>1  | <b>TOTAL CLAIMS</b><br>16                  | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>25227   |   |                                    |   |  |                                |
| <b>TITLE</b><br>Method for providing call charge information in a telecommunication link  |   |                                    |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>870   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |